



District of Columbia Department of Health VFC Newsletter

From VFC Coordinator



*Jacob Mbafor,
VFC Coordinator, District of
Columbia Department
of Health*

The world of vaccines is ever changing, from new vaccines to new recommendations for administration. To keep pace with the changes, the VFC Program has revised its' provider agreement, generated an automated reminder to encourage providers to submit their VFC reports in a timely manner and will continue to conduct workshops and trainings to educate providers. These efforts will be futile without providers knowing who and when to vaccinate.

ACIP has made numerous changes to the schedule. Providers must be aware of the changes and vaccinate accordingly.

SYNOPSIS OF 2006 SCHEDULE CHANGES

1. Greater emphasis on the importance of birth dose of hepatitis B vaccine.

2. Tdap recommendations for adolescents aged 11-12 years who have completed the recommended childhood DTP/DTaP series and have not received a (Td) booster dose as well as a catch-up schedule for those who haven't completed the series. Adolescents aged 13-18 years who missed the age 11-12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the series.

3. Meningococcal conjugate vaccine recommendations for 11 – 12 year olds, unvaccinated adolescents at high school entry (age 15 years), college freshmen living in dormitories.

4. Influenza vaccine recommendations for children aged 6 months or older with certain risk factors.

5. Hepatitis A vaccine universal recommendation for all children at age 1 year (12-23 months).

6. Change in the Td catch-up schedule for persons aged 7-18 years.

DC Receives Award for Immunization Rates

The Department of Health Immunization Program was recognized at the 2006 National Immunization Conference, along with 6 other programs, for urban areas with the most improved estimated vaccination coverage for the 4:3:1:3:3 series (4+ DTP, 3+ polio, 1+ MMR, 3+ Hib, 3+Hep B). The District's immunization coverage rate, as measured by the National Immunization Survey (NIS), increased 15.4% since 2001, reaching 82.5% in 2004.

NIS is a large, on-going survey that uses random-digit-dialing to find US households with children aged 19 to 35 months. Parents or guardians are asked to give the vaccines—with dates—that appear on the child's "shot card" kept in the home, and demographic and socioeconomic information is also collected.

Participants are asked permission to contact the child's vaccination providers. Providers are then contacted by mail to verify each child's vaccinations.



Jacob Mbafor, VFC Coordinator, Rosie McLaren, Program Manager, & Anne Schuchat, M.D., Director of the National Immunization Program.

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RESULTS OF PROVIDER SITE VISITS

Measuring immunization rates at the provider level can be accomplished using multiple methods such as Health Employer Data Information Set (HEDIS) and Government Performance Results Act (GPRA). However, for purposes of the VFC Program, Clinical Assessment Software Application (CASA) is the standard tool.

Unlike other measurements, CASA looks at children 19-35 months of age on the date of the assessment and determines what percentage of those kids were up to date by 24 months of age for the 4:3:1:3:3 series*. This allows the VFC Program to look at individual provider practices and immunization strategies.

In 2006, varicella and prevnar will be added to the assessment, making it 4:3:1:3:3:1:3.

Now is the time to begin reminder recall for children who have not completed the prevnar series. Prevnar vaccine is in full production and there are no anticipated delays in distribution.

The graphs below give an overview of how well VFC providers in the District are performing. The data is in aggregate form by provider type.

On April 26, 2006, (see p. 4- Calendar of Events) all VFC providers will be recognized for their immunization efforts and providers with exemplary rates and practices,

will receive awards. We hope to see you all there.

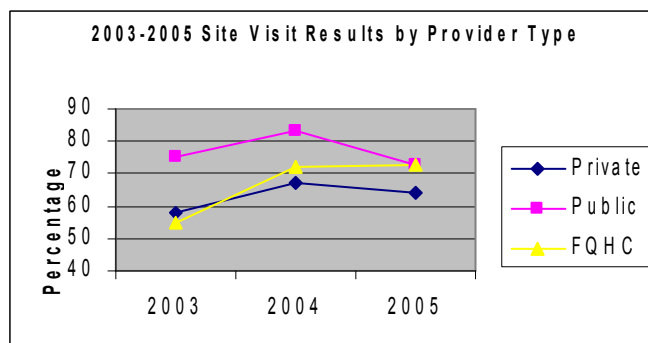
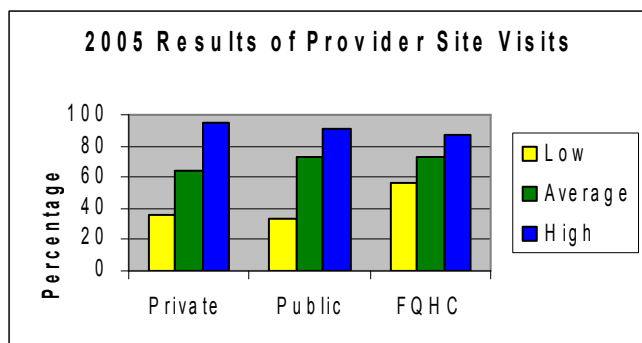
If you have questions or concerns about your individual rates, please call Rebecca Harris at (202) 576-9318.

(*4 doses of DTP, 3 doses of Polio, 1 dose MCV, 3 doses of Hib, 3 doses of Hep B.)



*Rebecca Harris
VFC Compliance
Investigator, DC
DOH*

Tip: Forward all immunization records, especially the Hep. B birth dose and vaccines not given by your practice, to the VFC Program.



MAKING EVERY DOSE COUNT

Accounting for every dose of vaccine is important, especially as the costs of vaccines increase. Knowing how much vaccine you have on hand and how much you have administered ensures that every dose of vaccine is counted. Here are a few tips:

1. Use vaccines with the shortest expiration date first.
2. Return short dated vaccines (vaccines due to expire within 90 days) to the VFC Program for exchange for vaccines with a longer expiration date. Notify VFC no less than 90 days before expiration. This information is cap-

tured on your inventory form but VFC can not assume that you will not use the short dated vaccine.

2. Only open 1 vial or box of vaccine at a time. This makes it easier to determine how much vaccines you actually have.
3. Do not transfer vaccines to another site without advising the VFC Program. The VFC Program has to account for the vaccines in our vaccine tracking system.
4. Submit VARS within 1 week of vaccine administration. This tells the

VFC Program how much vaccine you are actually using.

5. Keep track of doses administered to ensure that your inventory on hand reflects what is actually in your refrigerator/freezer.
6. Hold staff accountable and make sure they are trained.



*Victor Chongwa,
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Investigator, DC
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Reminder: All VFC forms are due by the 1st of each month.

Ask the Experts*: All about MMR-V

In September 2005, the FDA approved a new vaccine that combines the power of four vaccines into one: measles, mumps, rubella, and varicella (MMRV). ProQuad®, manufactured by Merck, is a vaccine that combines varicella with MMR. It is licensed for children 12 months to 12 years of age; MMRV is not licensed for persons outside of this age group. Adding varicella to the MMR vaccine eliminates the need for two shots.

The ACIP met in October and approved the use of MMRV. Current recommendations are that children aged 12 months – 12 years receive two (2) doses of MMR vaccine at least one (1) month apart and one (1) dose of varicella vaccine. One (1) dose of MMRV vaccine should be administered on or after the first birthday.

MMRV is administered subcutaneously as a single 0.5 mL dose reconstituted. The vaccine must be discarded

if not used within 30 minutes of reconstitution. It may be administered simultaneously with other vaccines recommended at ages 12 months – 12 years.

MMRV vaccine must be stored frozen at an average temperature of 5°F (-15°C) or colder. **If MMRV is inadvertently stored in the refrigerator, it cannot be used.** The diluent should be stored separately at room temperature or in the refrigerator. Use only the diluent supplied by the manufacturer to reconstitute the vaccine.

Special Considerations

At least one month should pass between a dose of MMR and a dose of MMRV. There should be at least three months between two doses of MMRV or a dose of MMRV and a dose of varicella vaccine.

Possible adverse reactions following vaccination with ProQuad® are similar

to reactions following MMR or varicella given separately. Of significance, there is a higher incidence of fever $\geq 102^{\circ}\text{F}$ (21.1% vs. 14.9%) and a measles rash (3% vs. 2.1%) following a dose of MMRV. Both fever and a measles-like rash typically occur five to 12 days following vaccination.

Will the new vaccine be available through the DOH VFC program?

Yes. MMRV has been added to the federal VFC program. MMRV is currently available through the DOH VFC. The VFC vaccine order form has been revised to include MMRV.

For more information on MMRV, visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5447a4.htm> or contact the nurse specialist at (202) 576-9323.



Jacquelyn Campbell
Nurse Specialist, DC
DOH

TIPS TO HELP AVOID STORAGE AND HANDLING MISTAKES.....1. Designate more than one person in the office to store and handle vaccines. 2. Record temperatures twice a day. 3. Record temperature for both the refrigerator and freezer. 4. Document out-of-range temperatures on vaccine temperature logs and take action. 5. Have emergency plans for a power outage or natural disaster.

ANSWERS FROM THE REGISTRY

WHAT is a STRIKEOUT?

When an immunization date is displayed in red with a "strike-out", that immunization (or any part of a combined immunization) is not counted toward the routine immunization schedule. The immunization date is crossed-out because of one of two reasons: the shot (or any part of a combined immunization) was administered too early or the shot (or any part of a combined immunization) was not needed for the routine schedule.

Are NEW vaccines in the Registry?

Please be advised that the Registry will

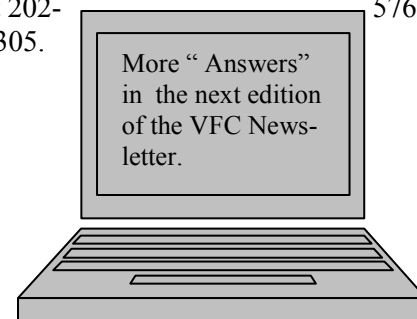
be adding the Proquad (MMRV) to the immunization registry; Tdap also has been recently added.

Is the Registry at a NEW location?

The Immunization Program has relocated to 6323 Georgia Avenue, N.W., Suite 305. With this relocation, the Registry has a new telephone and fax number. To reach the registry, the number is 202-576-9301 and the fax number is 202-541-5907.

How can I ACCESS the Registry?

If you are interested in getting registry access, please contact Valencia Tabron at 202-576-9305.



More "Answers"
in the next edition
of the VFC News-
letter.

"Overdue" means a patient has exceeded the routinely recommended age or spacing from the last dose to receive a vaccine dose which is still needed.

New Hepatitis A Recommendations

On October 27, 2005, the Advisory Committee on Immunization Practices (ACIP), recommended the routine administration of Hepatitis A vaccine for children 12-23 months of age with a catch up until school entry (≤ 5 years of age.)

Results of a study published in the January 5, 2006 edition of *Pediatrics* indicate that 50.9% of children living in 11 states where routine hepatitis A vaccination is recommended had received ≥ 1 dose compared to 25% of

children in 6 states where vaccination is suggested and 1.4% of children in 33 states without a recommendation. ACIP recommendations will ensure that all children are protected.

Hep. A has always been included on the DC VFC order form and most providers requested the vaccine for their high risk populations as needed. However, the VFC has adequate supply for all providers. Hep. A is a two dose schedule, with the doses

administered 6 months apart. All providers are encouraged to order their brand choice, either Havrix (GSK) or Vaqta (Merck).

For more information on Hep. A, visit : http://www.cdc.gov/nip/recs/provisional_rec/default.htm

For full text of the study referred to in this article, visit: www.pediatrics.org/cgi/content/full/117/1/30

Getting Kids Off to a Good Start

Daycares and head starts do a lot to prepare children for school, including ensuring that they are properly immunized according to DC Law 3-20 and it's regulations. However, head start directors and daycare providers are running into problems with children not receiving the 4th DTaP, 3rd Hep B and 3rd IPV according to DC Law 3-20. The schedule recommends a range of time to vaccinate but the registry counts the child out of compliance as soon as

the child is eligible for the vaccine. This is done to prevent missed opportunities. Providers *should not* delay vaccine administration and vaccinate at every opportunity.

Getting children up to date with their immunizations before school starts avoids delayed entry due to noncompliance. Working together, we can ensure that District children get off to a good start.



Tip: 4th DTaP is due as soon as the child is eligible, 15 months of age if the child was vaccinated on time.

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UPCOMING EVENTS

National Infant Immunization Week. April 22-29, 2006.
Annual observance to promote the benefits of immunizations.
For more information visit:
<http://www.cdc.gov/nip/events/niiw/default.htm>

DC Immunization Conference: 1 day conference on current immunization information. April 24, 2006 from 830 am to 4 pm, Howard University, 2041 Georgia Avenue, NW. To register or for more info. call (202) 783-7034 ext. 13 or email dpener@icdc.us. Sponsored by the Immunization Coalition of DC.

Immunization Dinner and Awards Program, April 26, 2006 at 6 pm Hyatt Hotel, 400 New Jersey Avenue, NW. The agenda will include a presentation on pertussis followed by a dinner and awards program. Sponsored by the Immunization Coalition of DC.